## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 27, 2001 08:00 AM DOCUMENT # P95000019481 1. Entity Name **Secretary of State** TOBIN FINANCIAL CORP. Principal Place of Business Mailing Address 1101 HILLCREST DR. 1101 HILLCREST DR. HOLLYWOOD FL HOLLYWOOD FL 33021 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0561344 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ JUAN 80 SW 8TH ST. Street Address (P.O. Box Number is Not Acceptable) **SUITE 2550** MIAMI FL33130 US Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 03/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DS TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) DAMIAN MAME VINCENT F.IR. NAME 80 SW 8TH ST., SUITE 2550 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI $\mathbf{FL}$ CITY-ST-ZIP ☐ Delete DVP TITLE ☐ Change NAME TOBIN **JASON** $\mathbf{L}$ NAME STREET ADDRESS 1101 HILLCREST DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD $\mathbf{FL}$ CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TOBIN HERBERT NAME STREET ADDRESS 1101 HILLCREST DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FLCITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: \_\_herbert a. tobin 03/27/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR